

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MONTANA

RECEIVED

Helena DIVISION
(You must fill in this blank. See Instruction H)

FEB 09 2018

Clerk, U.S. District Court
District of Montana
Missoula

FRANK PICKLE

PLAINTIFF — PRO SE

(Write the full name of the plaintiff who is filing this
complaint and prisoner number, if any.)

Plaintiff,

-against-

DR. KOHUT, MONTANA Dept of COR-
-RECTIONS MEDICAL DIRECTOR, DR. MOORE,
DIRECTOR OF NURSES AT LEWISTOWN PRISON

(Write the full name(s) of each defendant who is
being sued. If the names of all the defendants cannot
fit in the space above, please write "see attached" in
the space and attach an additional page with the full
list of names. The names listed in the above caption
must be identical to those contained in Section IV.
Do not include addresses here and do not use et al.)

"see Attached"

Defendants.

Case No. _____
(to be filled in by the Clerk's Office)

COMPLAINT
(Pro Se Prisoner)

Jury Trial Demanded: ☒ Yes ☐ No
(check one)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

Prisoner Complaint Form
Plaintiff's Last Name

PICKLE

(Revised May 2017)
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INSTRUCTIONS

1. Use this form to file a civil complaint with the United States District Court for the District of Montana. Include only counts/causes of action and facts – not legal arguments or citations. You may attach additional pages where necessary. Your complaint must be typed or legibly handwritten in ink and on white paper. Write on only one side of the paper. Do not use highlighters and do not staple or otherwise bind your papers. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). You must sign the complaint (see page 8). Your signature need not be notarized but it must be an original and not a copy. The Clerk's Office cannot provide you copies of documents in your file without prepayment of \$0.10 per page (for documents electronically available) or \$0.50 (for documents not electronically available). Please keep a copy of the documents you send to the Court.
2. The filing fee for a complaint is \$350.00 plus a \$50.00 administrative fee for a total of \$400.00. This amount is set by Congress and cannot be changed by the Court. If you pay the filing fee, you will be responsible for serving the complaint on each defendant and any costs associated with such service.
3. If you are unable to prepay the entire filing fee and service costs for this action, you may file a motion to proceed in forma pauperis. If you are a prisoner and your motion to proceed in forma pauperis is granted, the Court will assess an initial partial filing fee equal to 20% of the average monthly deposits to your prison account for the six months immediately preceding the filing of the action, or 20% of the average monthly balance in your prison account for the same six-month period, whichever is greater. Thereafter, the balance of the \$350.00 filing fee will be collected in installments equal to 20% of your preceding month's income any time the amount in your account exceeds \$10.00. The \$50.00 administrative fee does not apply to persons granted *in forma pauperis* status. You will be required to continue making these payments even if your complaint is dismissed.
4. Complaints submitted by persons proceeding in forma pauperis and complaints submitted by prisoners suing a governmental entity or employee must be reviewed by the Court before the defendants are required to answer. See 28 U.S.C. §§ 1915(e)(2), 1915A(a); 42 U.S.C. § 1997e(c). The Court will dismiss your complaint before it is served on the defendants if: (1) your allegation of poverty is untrue; (2) the action is frivolous or malicious; (3) your complaint does not state a claim upon which relief may be granted; or (4) you sue a defendant for money damages and that defendant is immune from liability for money damages. After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention.

Prisoner Complaint Form
Plaintiff's Last Name PICKLE

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Plaintiffs should not serve defendants, pursue discovery, or request entry of default judgment prior to the completion of this review process.

5. Prisoners who have had three or more cases dismissed as frivolous, malicious, or failing to state a claim upon which relief may be granted (strikes) will not be permitted to file any further civil actions without prepaying the filing fee unless they are in imminent danger of serious harm. See 28 U.S.C. § 1915(g).
6. Prisoners may not maintain more than two civil actions in forma pauperis at one time, unless the prisoner shows that he or she is under imminent danger of serious physical injury.
7. The case caption (page 1 of this form) must indicate the proper Division for filing. The proper Division is where the alleged wrong(s) occurred. When you have completed your complaint, mail the *original* of your complaint and either the full filing fee or your motion to proceed in forma pauperis to the proper Division:

Billings Division: *Big Horn, Carbon, Carter, Custer, Dawson, Fallon, Garfield, Golden Valley, McCone, Musselshell, Park, Petroleum, Powder River, Prairie, Richland, Rosebud, Stillwater, Sweetgrass, Treasure, Wheatland, Wibaux, and Yellowstone Counties*

U.S. District Court Clerk, 601 2nd Avenue North, Suite 1200, Billings, MT 59101

Butte Division: *Beaverhead, Deer Lodge, Gallatin, Madison, and Silver Bow Counties*
U.S. District Court Clerk, 400 N. Main, Butte, MT 59701

Great Falls Division: *Blaine, Cascade, Chouteau, Daniels, Fergus, Glacier, Hill, Judith Basin, Liberty, Phillips, Pondera, Roosevelt, Sheridan, Teton, Toole, and Valley Counties (Crossroads Correctional Center is located in Toole County and all claims arising at CCC should be filed in Great Falls)*

U.S. District Court Clerk, 125 Central Ave. West, Great Falls, MT 59404

Helena Division: *Broadwater, Jefferson, Lewis & Clark, Meagher, and Powell Counties (Montana State Prison is located in Powell County and all claims arising at MSP should be filed in Helena)*

U.S. District Court Clerk, 901 Front St., Ste 2100, Helena, MT 59626

Missoula Division: *Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Ravalli, and Sanders Counties*

U.S. District Court Clerk, P.O. Box 8537, Missoula, MT 59807

Prisoner Complaint Form
Plaintiff's Last Name _____

PICKLE

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I. Parties to this Complaint

A. Plaintiff

Name: FRANK PICKLE # 2025332

All other names by which you have been known:

GILBERT (MIDDLE NAME)
GIL (NICK NAME)

ID Number: 2025332

Current Institution: LEWISTOWN ^{PRISON} INFIRMERY

Address: 800 CASINO CREEK DRIVE SU4 D
LEWISTOWN, MONTANA - 59457

WAS AT MONTANA STATE PRISON - 700 CONLEY LAKE ROAD - DEER LODGE, MT.
Indicate whether you are a prisoner or other confined person as follows (check all that apply): 59722

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

B. Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1:

Name: DOCTOR KOHUT
Job or Title: FORMER PRISON DOCTOR AT MONTANA STATE PRISON
Employer: MONTANA STATE PRISON INFIRMERY
Address: 700 CONLEY LAKE ROAD - DEER LODGE MONTANA -
59722, (406) 846-1320

- ☐ Individual capacity
- ☒ Official capacity

Prisoner Complaint Form
Plaintiff's Last Name PICKLE

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Defendant No. 2:

Name: MONTANA Dept. OF CORRECTIONS Medical Director Mollissa
CD: MOLLISSA
Job or Title: MEDICAL DIRECTOR AT MONTANA STATE PRISON FOR D.O.C.
Employer: MONTANA Dept. OF CORRECTIONS / MONTANA STATE PRISON
Address: 1712 NINTH AVE. - P.O. BOX 201440 -
HELENA, MONTANA - 59620-1440
☐ Individual capacity ☒ Official capacity

Defendant No. 3:

Name: DOCTOR MOORE
Job or Title: DOCTOR AT LEWISTOWN INFIRMERY
Employer: LEWISTOWN INFIRMERY
Address: CD: LEWISTOWN INFIRMERY - 800 CASINO CREEK DRIVE -
Suite D - LEWISTOWN, MONTANA - 59457
☐ Individual capacity ☒ Official capacity

Defendant No. 4:

Name: BEN
Job or Title: DIRECTOR OF NURSES AT THE LEWISTOWN INF.
Employer: MONTANA Dept. CORRECTIONS - LEWISTOWN INFIRMERY
Address: CD: LEWISTOWN INFIRMERY - 800 CASINO CREEK DRIVE -
Suite D - LEWISTOWN, MONTANA - 59457
☐ Individual capacity ☒ Official capacity

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX A: PARTIES").

SEE "APPENDIX A: PARTIES"

II. Basis for Jurisdiction

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)

☐ Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)

Defendant No. 5:

Name: ^{ALL} Members of the MONTANA State PRISON
Medical Review Board.

Job or Title: ALL members of the MONTANA State PRISON
Medical Review Board.

Employer: MONTANA State PRISON

Address: MONTANA State PRISON - 700 CONLEY
LAKE ROAD - Deer Lodge, MONTANA - 59722

☐ Individual Capacity ☐ Official Capacity

Defendant #6:

~~Name: Doctor Kohut,~~

~~Job or Title: FORMER MONTANA State PRISON
Medical Doctor.~~

~~Employer: MONTANA State PRISON~~

~~Address: MONTANA State PRISON - 700 CONLEY LAKE
ROAD - Deer Lodge, MONTANA - 59722~~

Defendant #7:

Name: Rod JOHNSON (Lt.)

Job or Title: Acting ^{UNIT MANAGER} WARDEN - Lieutenant of the
Lewis & Clark PRISON INFIRMARY,

Employer: MONTANA Dept. OF CORRECTIONS - Helena
MONTANA,

Address: P.O. Box 201301 - 5 South LAST CHANCE
GULCH - Helena, MONTANA 59620-1301.

Defendant #8

NAME: Director of the MONTANA Dept. of Corrections-Helena, MONTANA.

Job or Title: Director of the MONTANA Dept. of Corrections-Helena, MONTANA.

Employer: MONTANA Dept. of Corrections-Helena, MONTANA.

Address: P.O. Box 201301-Helena, MONTANA-5 South Last Chance Gulch-Helena, MONTANA, 59620-1301.

Defendant #9

NAME: Lewistown Prison Infirmary Correctional Officer Sandy Shaffer.

Job or Title: Lewistown Prison Infirmary Correctional Officer.

Employer: Lewistown Prison Infirmary-~~Helena~~ MONTANA Dept. of Corrections-Helena, MONTANA.

Address: Lewistown Prison Infirmary
800 Casino Creek Drive #D
Lewistown, MONTANA - 59457

Defendant #10

NAME: Nurse Misty-Lewistown Prison Infirmary Correctional Nurse.

Job or Title: Lewistown Prison Infirmary.

continued next page. →

Defendant #10 - continued -
Address - Lewistown Prison Infirmary - 800 Casino
Creek Drive - # D - Lewistown, Montana - 59457.

III. Statement of Claim(s)

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph.

A. Count I:

1. What federal constitutional or statutory right(s) do you claim is/are being violated by defendants? IMPEDING ACCESS TO COURT AND GRIEVANCE PROGRAM
1st, 8th, 14th, EQUAL PROTECTION
CLAUSE FOR HANDICAPPED PRISONERS OF THE UNITED STATES CONSTITUTION, et al., CONSTITUTIONAL RIGHTS AND LAWS THAT APPLY. THE RIGHT TO BE A HUMAN BEING THAT SERVED HIS COUNTRY AND NOT AN PERSON BEING TREATED LIKE AN ANIMAL.
2. What date and approximate time did the events giving rise to your claim(s) occur? FROM OCTOBER 18, 09 to date PRESENT

APPROX. NOT SURE - DATES, TIMES, APPROXIMATE

3. Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. Describe what happened without citing legal arguments, cases, or statutes).

CONTINUED - see - "Appendix B. Statement OF CLAIMS."

4. Defendants Involved: (List the name of each defendant involved in this claim and specifically describe what each defendant did or did not do to allegedly cause your injury).

CONTINUED - see "Appendix B. Statement OF CLAIMS, SUPPORTING FACTS TO ANSWER DEFENDANTS INVOLVED, AND INCLUDE SAME"

(NOTE: For each additional claim, use a blank sheet labeled "APPENDIX B. STATEMENT OF CLAIMS." You must address paragraphs III(A)(1-4) for each count., following the directions under paragraph III.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. (Do not cite legal arguments, cases, or statutes). Attach additional pages if needed.

I HAVE SUFFERED PAIN AND PAIN CRAMPS FROM MAY 16, 2016, 2016 to January 17 2018, I HAVE BEEN ONLY GIVEN MINOR / GENERIC PAIN MEDICATIONS, THAT DO NO GOOD IN STOPPING MY PAIN OR CONTROLLING IT. I NEEDED, BUT WAS DENIED, THE PAIN MEDICATIONS / TREATMENT THE OUTSIDE DOCTORS AND MEDICAL SPECIALISTS ORDERED / RECOMMENDED THAT WOULD HAVE CONTROLLED / STOPPED MY PAIN AND SUFFERING. BECAUSE OF DENIAL / PROLONGED DENIAL OF DOCTOR / MEDICAL SPECIALISTS ORDERED SURGERIES (continued)

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX C: INJURY").

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See Attached to ANSWER
this Question.

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX D: REQUEST FOR RELIEF").

VI. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

RELIEF PAGE 7 OF 9

DEFENDANTS TO PAY ALL OF THE
FOLLOWING: COURT COSTS, LAWYER'S
FEES, TRANSPORT FEES TO & FROM
COURTS, ALL MEDICAL OPERATIONS.

REQUESTING MONEY DAMAGES FOR:
PAIN, SUFFERING, LOSS OF SLEEP, LOSS
OF FOOD INTAKE, LOSS OF WALKING,
LOSS OF URINING FOR A TOTAL
OF \$200 MILLION DOLLARS (+).
PLUS \$2,500⁰⁰ PER DAY SINCE 2009.

LOSS OF PROSEC SINCE MAY 2016 FOR
SEVERE HEART BURN & UNABLE TO EAT
FOODS THATS SPICY.

LOSS OF 81mg. ASPIRIN FOR MY HEART.
LOSS OF TIME TO SEE MY FAMILY.
FEELING OF STRESS, DEPRESSED
ALSO AT TIMES - \$500,000⁰⁰

SUBMITTED BY
FRANK PICKLE
Don Pickle
AD # 2025332

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes ☐ No ☐ Do not know

C. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes ☐ No

D. If you did file a grievance answer the following questions:

1. Where did you file the grievance?

2. What did you claim in your grievance?

THAT I WAS BEING DENIED NEEDED SURGERIES
MEDICATIONS IN ORDER FOR THE PRISON TO SAVE MONEY
DOCTOR ORDERED/RECOMMENDED BY OUTSIDE MEDICAL
SPECIALISTS, NOT SURE OF CONTENT OF CLAIM IN GRIEVANCE.

3. What was the result, if any?

DENIED AS FAR AS I KNOW, I WAS TOLD MY
GRIEVANCE WAS DENIED

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

WENT TO
D.O.C. IN
HELENA, BUT MY GRIEVANCE WAS DENIED AT THE
MONTANA DEPT. OF CORRECTIONS LEVEL BY THE MEDICAL
DIRECTOR, D.O.C. DIRECTOR, AND STAFF

E. If you did not file a grievance, answer the following questions:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

F. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I TALKED TO ALL THE DEFENDANTS
LISTED IN THIS COMPLAINT, REQUESTING SURGERIES AND
MEDICATIONS/THERAPY ORDERED/RECOMMENDED BY OUTSIDE DOCTORS BY WAS
(NOTE: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

"APPENDIX C: INJURY"

CONTINUED: I HAVE BEEN, AND AM, CONFINED TO A WHEELCHAIR UNABLE TO WALK. I HAVE BEEN CONFINED TO A WHEELCHAIR UNABLE TO WALK FOR APPROX. 4 years. I HAVE HAD PAINFULL Bed sores, LOSS OF MUSCLES IN MY BODY, Leg strength, ALSO IN LEFT KNEE

I AM/HAVE SUFFERED MENTAL STRESS, DURESS, AND EMOTIONAL DURESS AND STRESS, AS A RESULT OF BEING RETALIATED ~~AGAINST~~ AGAINST/AND HUMILIATED BY DEFENDANTS HEREIN UNCONSTITUTIONAL ACTS AND PRACTICES DESCRIBED HEREIN, BUT NOT LIMITED TO SAME. I HAVE SUFFERED LOSS OF SLEEP, AND LOSS OF APPETITE, BAD PROLONGED SPELLS OF PAIN, ALONG WITH PAIN SPELLS OF MIGRAINE HEADACHES.

("Appendix D: Request FOR RELIEF"):

WHEREFORE, PLAINTIFF Requests that the Court GRANT the Following RELIEF:

A. Issue a declaratory Judgement stating that:

(1.) Defendants Kohut et al., Defendants listed in this case violated PLAINTIFF'S FRANK PICKLE #2025332 protected Constitutional Rights under the 1st, 5th, 14th, 8th, et al., Amendments of the U.S. Constitution.

(2.) Defendants Kohut et al., Defendants listed in this case violated PLAINTIFF'S FRANK PICKLE #2025332 protected Rights under the Rights of Handicapped Prisoners which extends to INCARCERATED INMATES, prisoners with disabilities or handicaps are protected both by the Constitution AND by Federal Statutes, Defendants Kohut; et al., Defendants herein violated PLAINTIFF'S PRO-
-tected Rights under same.

(3.) Defendant MONTANA Dept. of Corrections Medical Director's et al., Defendants herein Actions in Failing to provide Adequate Medical CARE FOR the PLAINTIFF FRANK PICKLE #2025332

"RELIEF CONTINUED"

"APPENDIX D: REQUEST FOR RELIEF"

(3) continued - to wit Doctor ordered; Doctor Recommended Surgeries Violated And continue to violate the Plaintiff's Rights Under the Eighth Amendment to the United States Constitution. Noting that I the Plaintiff am left to suffer pain and waves of pain spasms throughout my body and nobody wants to help me, even though Defendants and their Agents know fully about my pain and suffering, but still refuse to give me the pain medications ordered by the outside doctors and medical specialists. No one here cares about this old veteran, and what I did for my country. "Help me."

(4) Defendants Rod Johnson, et al., Defendants herein have and are continuing to show "Deliberate Indifference" towards Frank Puckle #225332 serious medical conditions and pain and suffering, by not giving/providing me with my needed Doctor-ordered/Recommended Surgeries and special medications, and medical treatments.

"RELIEF CONTINUED"

"Appendix D: Request FOR Relief"

(B.) Issue AN IMMEDIATE INJUNCTION ORDERING DEFENDANTS JOHNSON; MONTANA Dept OF CORRECTIONS MEDICAL DIRECTOR; AND DOCTOR MOORE, TO IMMEDIATELY PROVIDE PLAINTIFF Frank Pickle #2025332 WITH ALL CORRECTIVE SURGERIES ORDERED BY THE VETERANS ADMINISTRATION DOCTORS/MEDICAL STAFF AND OUTSIDE DOCTORS ALONG WITH MEDICATIONS, AND MEDICAL TREATMENT BY A QUALIFIED MEDICAL SURGEON CHOSEN BY THE V.A. IN FORT HARRISON.

(2.) IMMEDIATELY ARRANGE FOR PLAINTIFF'S NEED FOR PHYSICAL THERAPY OR OTHER FOLLOW-UP MEDICAL TREATMENT TO BE EVALUATED BY A MEDICAL PRACTITIONER WITH EXPERTISE IN THE TREATMENT AND HEALING OF SURGERY PATIENTS.

(3.) CARRY OUT WITHOUT DELAY OR INTERFERENCE THE TREATMENT DIRECTED BY SUCH MEDICAL PRACTITIONER.

(F.) ⁽¹⁾ Issue AN INJUNCTION AND PROTECTIVE ORDER ORDERING DEFENDANT SANDY SHAFFER TO ^{desist} CEASE PUNISHING PLAINTIFF HEREIN WITHOUT AFFORDING HIM DUE PROCESS OF LAW, AND FAIR/MEANINGFUL DUE PROCESS OF LAW, WHICH INCLUDES

RELIEF CONTINUED

"APPENDIX D: Request FOR RELIEF"

ALLOWING PLAINTIFF HEREIN TO CALL WITNESSES ON HIS BEHALF.

(C) (2) ISSUE AN INJUNCTION AND PROTECTIVE ORDER ORDERING ^{DEFENDANT'S GIO WORKERS AND} DEFENDANT SHAFFER TO CEASE AND DESIST HER THREATS, DISRESPECT TOWARDS PLAINTIFF, AND ORDERING DEFENDANT SHAFFER TO NOT IMPEDE/DELAY/HINDER PLAINTIFF'S ACCESS TO THIS COURT, AND NOT DESTROY WITHOUT FULL DUE PROCESS OF LAW AND EQUAL PROTECTION OF LAW BEING AFFORDED PLAINTIFF HEREIN PLAINTIFF'S PERSONAL PROPERTY BY QUALIFIED DISCIPLINARY JUDGES AT OR IN THE MONTANA PRISON SYSTEM, AND THAT DEFENDANT SHAFFER NOT PHYSICALLY OR VERBALLY ASSAULT INMATES IN THE MONTANA STATE PRISON, ESPECIALLY THE PLAINTIFF HEREIN, AS DEFENDANT SHAFFER POSES A THREAT TO ANYONE SEEKING ACCESS AND MEANINGFUL ACCESS TO THIS HONORABLE COURT, BASED UPON HER WORDS AND ACTIONS.

(C) (3) ISSUE AN INJUNCTION AND PROTECTIVE ORDER ORDERING DEFENDANT JOHNSON TO USE HIS POSITION TO STOP AND CONTROL DEFENDANT SHAFFER'S THREATS, HARASSMENT, AND DISRESPECT OF PLAINTIFF AND NOT READ OR DESTROY ANY OF HIS COURT PAPERS AND LEGAL PAPERS, SHAFFER AND/OR HIM, EITHER ONE OR

RELIEF CONTINUED
"Appendix D: Request for Relief."

(C) ③ continued both,

(D) AWARD PLAINTIFF COMPENSATORY DAMAGES IN THE AMOUNT OF ONE MILLION DOLLARS FROM EACH DEFENDANT LISTED IN THIS COMPLAINT INDIVIDUALLY AND SEPARATELY,

(E.)

(E) AWARD PLAINTIFF PUNITIVE DAMAGES IN THE AMOUNT OF FIVE MILLION DOLLARS FROM EACH DEFENDANT LISTED IN THIS COMPLAINT INDIVIDUALLY AND SEPARATELY,

(F) DEFENDANTS HEREIN PAY PLAINTIFF ALL COSTS AND FEES CONNECTED DIRECTLY AND/OR INDIRECTLY WITH THIS SUIT, SEPARATELY.

(G) DEFENDANTS HEREIN PAY ALL ATTORNEY FEES AND COSTS IN THIS SUIT TO PLAINTIFF OR HIS ATTORNEYS OF RECORD ASSIGNED TO THIS CASE, SEPARATELY,

(H) THAT THIS MOST HONORABLE COURT GRANT SUCH OTHER AND FURTHER RELIEF AS IT MAY DEEM APPROPRIATE AND JUST

Relief Continued
"Appendix D: Request for Relief"

DATE: January 19, 2018

Respectfully Submitted
Frank Pickle #2025332

CO-PLAINTIFF PLAINTIFF — PROSE
JAMES BULL & Frank Pickle #2025332

Lewistown INFIRMARY
800 CASINO DRIVE, Suite D
Lewistown, MONTANA-59459

(RELIEF Add on.)
"Notice to Defendants"

The PLAINTIFF NOW gives Notice to the DEFENDANTS herein that at anytime during this COMPLAINT that they wish to present PLAINTIFF herein with a settlement proposal, he will be willing to consider same.

DATE: Jan. 19, 2018 Respectfully Submitted

Frank Pickle
PLAINTIFF — PROSE

Lewistown INFIRMARY
800 CASINO DRIVE, Suite D
Lewistown, MONTANA-59459

Statement of Facts - Count One -
Section Three
and Defendants Involved.

Defendants Involved

- (1.) ^{AND} ~~*Supporting Facts:~~ Defendant Kohut, FORMER MONTANA STATE PRISON MEDICAL DOCTOR AT MONTANA STATE PRISON, ON OR ABOUT NOV. 18 - 2015 NOT SURE OF EXACT DATE AND TIME, ^{per Kohut} DID CALL ME TO THE MONTANA STATE PRISON AND TOLD ME THAT THE ^{medical} DIRECTOR OF THE DEPT. OF CORRECTIONS, AND THE PRISON MEDICAL REVIEW BOARD WHICH KOHUT WAS A MEMBER OF, WAS REFUSING TO ALLOW ME THE SURGERYS I NEEDED THAT THE VETERAN ADMINISTRATION DOCTORS AND ^{medical} SPECIALISTS ORDERED / SETUP FOR CORRECTIVE SURGERYS ON MY PERSON BEFORE AND AFTER I CAME INTO THE MONTANA PRISON SYSTEM, BECAUSE THEY COULD NOT AFFORD TO SPEND THE LARGE AMOUNT OF MONEY NEEDED FOR MY SURGERYS, AND THAT IT DID NOT MATTER THAT I WAS A CRIPPLED HANDICAPPED VETERAN AND THAT THE VETERAN ADMINISTRATION WOULD HELP WITH COSTS OF MY DOCTOR-ORDERED SURGERYS. DEFENDANT DR. KOHUT FURTHER TOLD ME THAT HE AND THE MEDICAL DIRECTOR AT THE MONTANA DEPT. OF CORRECTIONS, THE MEDICAL REVIEW BOARD STAFF AT MONTANA STATE PRISON, WHICH HE WAS A MEMBER OF, WERE ALL AWARE OF MY ~~severe~~ PAIN AND SUFFERING, AND HE WAS ORDERED, AND DECIDED TO, CANCELLED ALL THE SPECIAL PAIN/MUSCLE MEDICATIONS THAT THE OUTSIDE DOCTOR AND ^{medical} SPECIALS HAD

SUPPORTING FACTS CONTINUED AND DEFENDANTS INVOLVED

* (1.)-continued). For me, as the prison medical Director in Helena, ~~the~~ ^{PRISON} ~~medical~~ Review Board Staff which Defendant Kohut was a member of, did not care about my pain and discomfort, as it cost too much money to buy and give the medications that the Veterans Administration Doctors and outside ^{medical} specialists had ordered/recommended that they felt would stop the unnecessary wanton infliction of pain. I ~~was~~ ^{was} suffering while I was confined in my wheelchair for the rest of my life because of lack of same, along with ~~my~~ ^{denial of} needed surgeries that would allow me to walk again pain free.

SUPPORTING FACTS

* (2.) Defendant: MONTANA Dept. of Corrections Medical Director did show "deliberate indifference towards my serious medical needs, ^{DENIAL OF SURGERIES} and by doing same has left me crippled, in a wheelchair, unable to walk, for the rest of my life. Defendant MONTANA Dept. of Corrections medical Director further did show "deliberate indifference" towards my prolonged pain and suffering by allowing knowingly my continued pain and suffering to date. (See and include supporting facts - section one - as part of MONTANA Dept. of Corrections medical ~~Director~~ FOR PRISON Doctor Kohut's Supporting

"Supporting Facts And Defendants Involved:"

* (2) CONTINUED FACTS: I did ON OR ABOUT June 2016-2017, 2015 (NOT SURE OF EXACT DATES AND TIMES I did write the Defendant, MONTANA Dept. OF CORRECTIONS Medical Director Letters begging him to give ^{me} my needed Surgeries, AND pain medications that were Doctor ordered/Recommended, that he/she DELIBERATELY ignored, Replying to SAID Letters, stating that it was too costly ~~to~~ to do my Surgeries, AND to provide me with the Doctor ordered/Recommended pain medications. AND that I would just have to get used to ~~get used to~~ my condition, AND My Medical condition I just had to cope with ON MY OWN. I WAS seen in the INFIRMARY FOR my medical condition in Deer Lodge by medical staff, but NOT treated FOR same, just given the small Band-Aide medical care with little OR nothing done, AS they used at times unqualified medical staff, such AS NURSES/Nurses Aide to treat me instead OF Letting me see the Doctors OR physician Assistants.

Supporting
Facts *

(3.) Defendant DR. MOORE HAS ON OR ABOUT May 2016 ——— AND AGAIN ON June 2017

(3.)

Supporting Facts And Defendants Involved

(continued Facts-Defendant (3.) continued, did in a very disrespectful-hostile manner tell me to my face, "I am the Doctor here, and I am your designated primary care giver while you are housed at the Lewis town prison infirmery, and you will do what I say or be punished, DR. Moore said to me that I was not getting any of my needed surgeries now or ever, as veteran or not, it would cost the prison, D.O.C., and infirmery budgets too much money to spend on a damn inmate, And the medications that was needed to control your pain was also too costly for their medical budgets to handle and if Aspirin or Tydenol or Ibuprofen doesn't work then your out of luck inmate, and Defendant Doctor Moore further did state that I filed a grievance or a lawsuit on him or any other person that works at the infirmery that I would be locked in an isolation room with all my personal property confiscated and/or destroyed, and also accidents can hap-

Supporting
Facts

Defendant
* (4.) Defendant ^{Director} of the nurses at the Lewis town prison infirmery Ben is the Director of the prison infirmery where I am incarcerated
(4.)

Supporting
FactsAnd Defendants
Involved

(4.) continued: ON OR ABOUT June OR JULY 2016, 2017. (NOT SURE OF EXACT DATE AND TIME) DEFENDANT NURSE DIRECTOR BEN DID RECEIVE REQUESTS/PRISON NOTES ASKING IF AND WHEN I WAS GOING TO RECEIVE MY SURGERIES NEEDED SO I CAN WALK AGAIN, AND REQUESTING THAT HE COME AND SEE ME ABOUT THIS. ON OR ABOUT June 2017 (NOT SURE OF EXACT DATE AND TIME) DEFENDANT BEN DID COME TO SEE ME ABOUT MY NOTES. DEFENDANT BEN DID TELL ME TO MY FACE THAT NO MATTER WHAT THE OUTSIDE DOCTORS AND MEDICAL DOCTOR SPECIALISTS SAID OR DIAGNOSED THAT I DIDN'T NEED THE SURGERIES THEY ORDERED, AND I WOULD NEVER WALK AGAIN, AND THAT ME BEING A CRIPPLED VETERAN DIDN'T REALLY COUNT OR MEAN ANYTHING. NOTING THAT NURSE DIRECTOR BEN IS NOT A DOCTOR OR A MEDICAL SPECIALIST, NURSE DIRECTOR BEN SAID TO ME THAT SECURITY TECH/SPECIALIST JOHNSON THAT WAS IN CHARGE OF THE LEWISTOWN PRISON INFIRMERY (ACTING WARDEN) TOLD HIM TO TELL ME THAT WE DID NOT HAVE THE MONEY TO PAY FOR MY NEEDED SURGERIES SO I COULD WALK AGAIN, AND ME BEING A VETERAN DIDN'T GIVE ME ANY SPECIAL STATUS, AND IT WAS HIS OPINION THAT MY SURGERIES WERE TOO COSTLY AND I

SUPPORTING FACTS AND DEFENDANTS INVOLVED

(4) CONTINUED - did not need surgeries, and he would see I did not get them, whether the Veterans Administration would cover or help cover the costs or not.

^{SUPPORTING FACTS} * (5) DEFENDANTS ALL MEMBERS OF THE MONTANA STATE PRISON MEDICAL REVIEW BOARD did Refuse to APPROVE me DOCTOR ORDERED Re-commended SURGERYS so I CAN WALK AGAIN, by outside DOCTORS ORDERS AND RECOMMENDATIONS, because they stated their medical budgets didn't have the money to pay for my needed SURGERYS AND MEDICAL THERAPY AFTER SURGERYS, and me not being able to WALK WAS NOT their FAULT.

^{SUPPORTING FACTS} (6) DEFENDANT Rod JOHNSON (Lt.) who is the Acting WARDEN AND Lt. OF the LEWISTOWN PRISON INFIRMARY ON OR ABOUT MAY OR BEFORE 2012 did tell me in his OFFICE that he AND the MEDICAL REVIEW BOARD MEMBERS, DOCTORS KOHUT AND DR. MOORE, AND the MEDICAL DIRECTOR AT the MONTANA Dept OF CORRECTIONS told him that they simply would ^{NOT} spend the money FOR my SURGERYS, even though it would MEAN I would NEVER WALK AGAIN. AND JOHNSON SAID I would have some SERIOUS PROBLEMS IF I FILED ANY COMPLAINTS WITH the COURTS OR DISABILITY RIGHTS MONTANA, AND

Supporting Facts And Defendants Involved.

Supporting
Facts

(5.) continued. the very next day had my court papers torn up and thrown away, AS I saw them in the trash, ALSO I WAS threatened with being locked in AN ISOLATION ROOM with nothing in the room except a bed, one BLANKET, AND SMALL pillow, this occurred on or about IT WOULD HAPPEN AND 20, legal mail from AN attorney who was possibly interested in my present case never reached me, AND WAS seen torn up in the trash, ALSO Defendant Rod Johnson on or about ^{NOT SURE OF EXACT DATE} (AT ANY TIME), 20 did come to my room and stated to me in a very hostile/threatening/manner "you were told not to communicate with attorneys and the courts, and not to try suing us, now that you have performed and acted with gross stupidity, you could get your ass kicked, AS this is my facility and I run it, you are being classified AS A management problem, and you do not run things here, keep filing in the courts AND I will lock you in AN isolation room and take up your property. This upset me so bad and scared me that I had high blood pressure problems AND chest pains, but was too scared to report it.

Defendants Involved AND supporting FACTS.

supporting
FACTS X

DEFENDANT, LEWISTOWN PRISON INFIRMERY CORRECTIONAL OFFICER SANDY SHAFER per DEFENDANT ROD JOHNSON'S orders did on or about January 15, 2018 go into my medical room confiscate and tear up my court papers, attorney mail I had from other attorneys, took all my pens/pencils/and copies of court cases, and medical records along with affidavits I wanted to use in this case, which because they were destroyed did cause irreparable damage to this case, which has impeded, delayed, hindered, my access to this court. FURTHER DEFENDANT SHAFER did separate me from my best friend by moving ~~her~~ me off my breakfast table knowing that we were going into federal court as co-plaintiffs and she did not want us communicating regularly and thus impeded our access to court and has denied us meaningful access to court, and DEFENDANT SHAFER will not let me and my co-plaintiff talk hardly at all with each other, and we are prohibited from talking about anything doing with legal work or court as we were referred to by DEFENDANT

Supporting Facts AND Defendants INVOLVED."

SHAFER - "Let it be KNOWN - I stopped those two INMATES Frank Pickle & JAMES BALL AND his dam Litigator FRIEND FROM going to COURT, "DAM Litigators". NOW we CAN NOT get together to FILE our CASE into this FEDERAL Court.